

BEST AVAILABLE COPY

1082
Barbara Campbell
National Stage Processing
(703) 305-3831

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/423974	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1							1		
2							1		
3							1		
4							1		
5							1		
6							1		
7							1		
8							1		
9							1		
10							1		
11							1		
12							1		
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39							1		
40							1		
41							1		
42							1		
43							1		
44							1		
45							1		
46							1		
47							1		
48							1		
49							1		
50							1		
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

Cancel

CLAIMS						
	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
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66						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						097423974				
APPLICANT(S)										
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1		1			51			
102				1			52			
103					1		53			
104			1				54			
105				1			55			
106					1		56			
107							57			
108							58			
109							59			
110							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
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26							76			
27							77			
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29							79			
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35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			3				TOTAL IND.			
TOTAL DEP.		↔	57	↔		↔	TOTAL DEP.			
TOTAL CLAIMS			60				TOTAL CLAIMS			